

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Lilly Anne Hopkins		UNITED STATES MARSHAL 2021 OCT -8 AM 10:33	COURT CASE NUMBER 4:19-cv-5041 FILED
DEFENDANT Bobby Lumpkin, et al		SOUTHERN DIST. S/TX	TYPE OF PROCESS United States Courts Southern District of Texas Order, Summons
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Nurse Practitioner Pamela Wagner			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Connally Unit 899 FM 632 Kennedy, TX 78119			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW United States Courts 515 Rusk St. Houston, TX 77002		Number of process to be served with this Form 285 Number of parties to be served in this case 7 Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			

Signature of Attorney other Originator requesting service on behalf of: ☒ PLAINTIFF ☐ DEFENDANT TELEPHONE NUMBER 7132505500 DATE 10/8/2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 77	District to Serve No. 77	Signature of Authorized USMS Deputy or Clerk 	Date 10/12/2021
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date 10/12/2021	Time 11:37 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy Joseph Castro
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Service Fee 8	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 8	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

— Served via certified mail USPS
tracking is 7019 2280 002 0708 2996
— Served via certified mail on 10/18/2021
@ 10:43AM. (see attached proof)



FAQs >

Track Another Package +

Tracking Number: 70192280000207082996

Remove X

Your item was picked up at the post office at 10:43 am on October 18, 2021 in KENEDY, TX 78119.

✓ Delivered, Individual Picked Up at Post Office

October 18, 2021 at 10:43 am
KENEDY, TX 78119

Feedback

Get Updates ✓

Text & Email Updates



Tracking History



October 18, 2021, 10:43 am

Delivered, Individual Picked Up at Post Office
KENEDY, TX 78119

Your item was picked up at the post office at 10:43 am on October 18, 2021 in KENEDY, TX 78119.

October 13, 2021, 12:37 pm

USPS in possession of item
HOUSTON, TX 77208

Product Information



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>TDCJ-Connally Unit Attn: Warden Phonso Rayford's Office 899 FM 632 Kenedy, TX 78119</p>		<p>B. Received by (Printed Name) <i>[Signature]</i></p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label) 7019 2280 0002 0708 2996</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If delivery address below:</p>	
<p>9590 9402 5383 9189 6765 04</p>		<p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </p>	
		<p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	